TN Department of Intellectual & Developmental Disabilities | Seating & Positioning Clinics

SEATING AND POSITIONING PHYSICIAN REFERRAL

Patient's Name:_____ Date of Birth:_____

Street Address:_____ City:_____

State:_____ Zip:_____ Contact Phone #:_____

Referring Physician's Name (please print):_____

Phone:_____ Fax:_____

Street Address:_____

City:_____ State:_____Zip:_____

Please attach your most recent history and physical or chart note from the physician.

The above person is being referred to the DIDD Seating and Positioning Clinic for Occupational Therapy (OT) *or* Physical Therapy (PT) evaluation and treatment of wheelchair seating and/or positioning needs.

Relevant Diagnoses/ICD-10 codes:_____

_____

Comments/Precautions:_____

Physician Signature:_____Date:_____

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FOR APPOINTMENTS:

West TN Clinic
Phone: (901) 745-7509
Fax: (901) 745-7742

Middle TN Clinic
Phone: (615) 231-5147
Fax: (615) 886-9972

East TN Clinic / Mobile Clinic
Phone: (423) 787-6689
Fax: (423) 798-6220